



New Hampshire Board of Nursing

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**OFFICIAL
ON-LINE
NEWLETTER
PUBLICATION
OF
THE
NEW HAMPSHIRE
BOARD OF NURSING**



New Hampshire Board of Nursing/Care Med Teachout at Glencliff
(2010 LPN graduates)

Upcoming Evening of Discussion

**LNA Day of Discussion
July 27, 2010**

Contact Us:

21 S. Fruit St., Ste 16

Concord, NH 03301

603-271-2323 (Nursing)

603-271-6282 (LNA)

www.nh.gov/nursing

The mission of the Board of Nursing is to safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified and improper application of services by individuals in the practice of nursing.

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FROM THE EXECUTIVE DIRECTOR**by Margaret J. Walker, Ed.D., RN**

Happy Summer! Along with summer schedules and time for refreshing our nursing practice with a little summer fun, the board wishes to continue its goal of on-going communication with our licensees. On the cover you will note the picture of our recent graduates from the Care Med teach-out plan. The board provided supervision of this plan for the closed program and with the help of Betty Stewart M.S., R.N. and her capable instructors, this fine group of students were able to complete their goal of practical nurse education. The board members and staff are very proud of this hard-working group of students who were able to persevere during a difficult time. These are truly amazing students who have strong leadership, patience, and commitment to the nursing profession.

Board staff continues to plan programs for the Autumn 2010. In addition, board members and staff continue to pursue follow up to the APRN and Medical Assistant Evenings of Discussion both held in June 2010. Each evening reviewed current issues and it was apparent that continued discussion is needed to formulate future planning that optimizes NH nurses' ability to manage their nursing practice.

APRN practice discussions included an advanced practice that has formal education, competency, and national certification which is congruent and can be applied to individual practice. Thus, the APRN must have all 3 items for current practice. As APRN educational preparation has evolved over the years, we are challenged to include all programs and assure the public has a care provider that meets the requirements. Further conversations are on-going and we hope many of you become involved in this discussion. Please stay tuned for upcoming discussions as well as APRN Liaison Meetings.

Several years ago, Medical Assistants (MAs) from one of the national organizations approached the board to ask if they could have administrative oversight by the Board of Nursing for their practice. At that time, the Medical Assistants were represented by two national organizations. As it turned out during the legislative process, the group was fractured and had not come to consensus. The legislators, at that time, wisely advised the groups to come to agreement before pursuing future legislation. Recently, the group has requested whether the board is still interested in assisting them. At the same time, NH Nurses Association has collaborated with the board to review current concerns from its constituents related to safe medical assistant practice, as well as the role of the licensed nurse with MA practice. Currently, MAs do not have administrative rules or support in their practice. Future discussions are needed to determine the board's role in this issue.

As with any issue coming before the board, the members determine public safety issues and move toward safe nursing practice. Consensus among stakeholder is a continuing goal to assure the best possible approaches based on real-world problems and issues. Thus, additional communication is necessary to weigh all facts and plan for the future. We are hopeful that many of you will provide feedback and suggested approaches to resolve identified issues. Please check our website at www.state.nh.us/nursing for Day and Evenings of Discussion held at the board. These offerings provide contact hours for those of you seeking continuing education for licensure purposes.

Enjoy your summer and take some time to review your nursing practice. If you identify an area that you believe needs discussion to preserve public safety, let us know. Our main telephone number is 271-2323 or 271-6282 and board email is boardquestions@nursing.state.nh.us. I can be reached at 271-0741 or mwalker@nursing.state.nh.us.

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Assistant Director

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Investigator/Prosecutor

FROM THE BOARD CHAIR

By Robert Duhaime, MBA, RN

Over the last several years, the Board has dealt with education institutions related to their failed attempts to conform to Board of Nursing law, rules, and nationally established standards for their educational institution. Section 326-B:32 of the Nurse Practice Act states, "The responsibility of the Board is to establish standards for the establishment and outcomes of nursing and nursing assistant education programs intended to prepare students for licensure or for certification, including clinical learning experience. The Board shall approve this approval or withdraw this approval for such programs that meet or fail to meet the requirements of this chapter".

Over the last several years the board has experienced having to place educational programs on conditional approval, as well as having to close three programs due to the inability to meet standards that the Board has set forth and the legislature has approved. These failures have been the result of poor educational preparation of students leading to poor national standards for NCLEX scores as well as fiscal issues that led to the closures. The NCLEX has been only one part of the determination for closure and the board has dealt with management problems on a continual basis prior to the closure process.

According to National Council of State Boards of Nursing (NCSBN), the NCLEX examination accurately reflect the amount of nursing ability currently required to practice competently at the entry level. These passing standards are re-evaluated every three years. I encourage you to visit the NCSBN website to read about all aspects of the NCLEX examinations. The Board of Nursing places a great emphasis on the standards in the administrative rules of the Nurse Practice Act (RSA 326-B and Administrative Rules) pertaining to educational institutions. Educational institutions are required to follow the law and rules in order to meet the performance standards for board evaluation.

As always, the Board of Nursing is continuously available to assist educational programs and students in achieving and meeting the standards of nursing and nursing assistant education. Please feel free to contact the board with any questions at 271-2323 or boardquestions@nursing.state.nh.us.



BOARD COMMITTEES**P & E Committee**

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Barbara Pascoe, RN

Connie McAllister, APRN, CRNA

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National Council of State Boards of Nursing (NCSBN)

Dear NH RN Licensees

On behalf of the National Council of State Boards of Nursing (NCSBN), we would like to ask you for your help in recruiting registered nurses (RNs) for two upcoming meetings. The meetings are: RN Practice Analysis Expert Panel Meeting to be held November 8-10, 2010 and the RN KSA Expert Panel Meeting to be held December 1-3, 2010. Both meetings will take place in Chicago.

NCSBN conducts an RN Practice Analysis and an RN KSA meeting every three years in order to ensure that the NCLEX-RN® exam continues to reflect current nursing practice.

Both meetings will be composed of a minimum of five (5) members, representing all four geographic regions and clinical practice areas. Members of both panels must meet the following criteria:

- Registered Nurse – active nursing license in good standing
- Current clinical practice
- Works with and/or supervises newly licensed RNs within their first 12 months of practice

We hope we can count on your help in recruiting a successful panel.

Please send the names and contact information of qualified nurses from your area to lschultz@ncsbn.org.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Lisa Schultz, MSN, RN, WHNP-BC
NCLEX Content Associate
National Council of State Boards of Nursing (NCSBN)
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277



Clint Jones Award recipient:
Ashley Clement, RN, BSN

Governor Lynch Declares May 6-12, 2010 “Nurses Week” in New Hampshire.

On May 12, 2010 Governor Lynch and the Executive Council proclaimed May 6-12, 2010 as Nurses Week in New Hampshire in celebration of the ways that licensed nurses strive to provide safe and high-quality patient care and to improve the health care system.

During this event, Ashley Clement, RN, BSN of Nashua was recognized as the 2010 recipient of the Clint M. Jones New Hampshire Nurses Award. Attendees at this event included Ms. Clements family, Board of Nursing staff and colleague nurses.

The Clint M. Jones Nursing Award was established in 2006 by the Foundation for Healthy Communities which honors the memory of the Foundation’s late Director. The award was created to recognize a registered nurse practicing in NH at least one year but not more than six years and demonstrates a commitment to a career in nursing.

Ms. Clement received the fifth annual award at the Nurses Day program held at Southern New Hampshire Medical Center where Clint’s family members including his wife Leslie, and son Matt, presented the award.

We extend our sincere congratulations to Ashley. Happy Nurses Day to all!

Delegation in Today’s Healthcare Environment

By Norma Blake MS, RN

As today’s healthcare environment evolves, the element of change is an ever present factor. The impact of these changes, primarily in the financial arenas, has given rise to the unlicensed Medical Assistant (MA) role. As MAs have been incorporated into healthcare settings many questions have surfaced as to their role as it relates to the delegation responsibilities of the licensed nurse.

Medical Assistants function under the supervision of the physician and as such perform their assigned duties with the physician assuming ultimate responsibility for the MA. The question then becomes what is the role of the Licensed Nurse who is working along side these MAs in the same care setting.

This can be answered by stating that, as with any team work situation in any healthcare setting, the licensee (APRN, RN, or LPN) must follow the rules of delegation as outlined in NUR 400. This requires that communication must occur with all team members as to the expectations of the responsibilities of the licensee to the MA on any given day. This responsibility can be outlined in facility policy but cannot automatically occur without communication between the team members. Just because there is a policy doesn’t mean the licensee has waived his or her requirements to proper delegation. It cannot be assumed that if the physician leaves the office that the APRN, RN, or LPN is automatically taking responsibility for the MA. There must be a conversation with the involved parties that ultimately results in the licensee agreeing or not agreeing to accept the responsibility of the MA.

In accepting responsibility for the MA, the licensee then is in a role whereby she/he must delegate assigned workloads. The MA, in this situation, cannot work independently but must be delegated work as deemed appropriate, based on assessment by the licensee, of the MA’s competencies and skills to perform the work being delegated and the ability of the licensee to supervise the delegated work. Each facility should maintain documentation of education and competencies of the MA as a reference for the licensee. Blind acceptance of ability to perform is not acceptable.

If the licensee does not accept the responsibility of the MA or is not asked to do so, the licensee should make it known that they do not have responsibility of the MA in the absence of the physician.

Delegation can occur even with the presence of the physician in the office. The requirements are still the same. This can be done verbally or through facility policy but the responsibility of the licensee is to accept this delegation based on the above requirements of delegation. In any situation where delegation is assumed, the licensee must know the skills, competencies and the ability of the MA to perform the task being asked of them. There must be communication, setting of expectations/outcomes, and follow up on the part of the licensee. The licensee must know what the MA is doing and how well she/he is doing it. These are not situations where the members of the healthcare team are functioning in a vacuum. Based on the team players, the MA’s ability to perform delegated tasks may change because the licensee might not know the MA’s abilities. In this situation what the licensee is willing to delegate must be respected.

In closing please remember that in RSA 326-B:29 II it states:

No person may coerce an RN or an LPN into compromising client safety by requiring the nurse to delegate a nursing activity or task when the nurse determines that it is inappropriate to do so.

FINGERPRINTING/CRIMINAL BACKGROUND CHECK REMINDERS

1. When completing the fingerprint/criminal background check within New Hampshire, fingerprint cards are NOT necessary. “Live Scan” fingerprinting does not require cards unless the fingerprinting is completed out of state, in which case the cards MUST be obtained from the Board of Nursing office.
2. The Board of Nursing application fee DOES NOT include the fingerprinting/criminal background check fee. Depending upon which way the fingerprinting/criminal background check is complete and the location will determine the fee. Please refer to the Board of Nursing website www.nh.gov/nursing under the “FBI Fingerprinting Requirements” in the section marked “Quick Links” for fee schedule.
3. All criminal background checks MUST be notarized.
4. “Live Scan” fingerprinting is encouraged of ALL of our applicants, as the rejection rate is much lower.
5. Please remember that most police departments charge a processing fee which varies depending on the location.

Out of State Applicants and Criminal Background Checks/Fingerprints

Applicants from outside of NH will be sent fingerprint cards and authorization forms. Those applicants are asked to either use law enforcement sites in their respective states or come to NH and use a NH law enforcement site. Please send all fingerprint cards, authorization forms and fees to the Board of Nursing. The board will then send them to the NH State Police for processing.

Please plan early for this process. We have advised that the results could take as long as 2 months in some cases.

APRN Liaison Committee News...

Patricia Orzano, MA, APRN

Scope of APRN practice has continued to be a focus of the committee over the past few months. APRNs in NH are educated in a role and a population focus. For example, Adult (population focus) Nurse Practitioner (role) or Pediatric (population focus) Nurse Practitioner (role) or Family Psychiatric/Mental Health (population focus) Nurse Practitioner (role). Other **roles** which are included in advanced practice nationally are Nurse Midwives (CNM), Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS). There are **six population foci**: family/individual across the life span, adult-gerontology, pediatrics, neonatal, women’s health/gender-related, and psych/mental health.

The above model of regulation is part of what is recommended by the paper published July 7, 2008 by the National Council of State Boards of Nursing in collaboration with many national nursing organizations:

Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. This Model was adopted by the NH Board of Nursing which is currently working toward its implementation. This will continue over the coming years. An important result of implementation of this model will be consistency in advanced practice nursing throughout the country. Currently there are over 20 titles for APRNs in the United States. If any of our APRN readers have ever moved out of state or into NH, they probably experienced a degree of difficulty with licensure in the new state or varying regulations and dramatically different scopes of practice.

Specialty APRN practice is another emerging issue for practice. Does continuing education/training versus formal education in an accredited college/university expand scope of practice? What threshold does a nurse have to meet to expand scope of practice?

At the APRN Evening of Discussion on June 3, 2010 some of these issues were debated.

This Evening of Discussion included Rep. Laurie Harding as the primary speaker. She addressed the recent bill on Consolidation of Boards and the NH budget process. She does not believe that there is any risk of the Board of Nursing being involved in a consolidation process at this time. Kathleen Kidder, APRN Board representative, spoke on practice issues related to the repeal of the Joint Health Council last year. Margaret Franckhauser, former APRN and current member of the Board’s APRN Liaison Committee spoke about age related scope of practice. There was an extensive discussion on APRN scope of practice.

The Liaison Committee also worked collaboratively with the New Hampshire Nurse Practitioner Association in meeting with the Medical Director for CMS in New England. Issues discussed included reimbursement for CRNAs, home care orders and respiratory care orders by APRNs.

The Liaison Committee members and dates of meetings are on our web site. Soon, the minutes of the meetings will also be found there. It is a monthly meeting that is open to the public and all are invited. Please feel free to join us for an upcoming meeting! You may call Pat Orzano, APRN, Board staff who works with this committee with any questions, (603-271-3822). All staff phone numbers and e-mail addresses are also found on our web site.

Governor Lynch Declares June 3, 2010 "Nursing Assistant Day" in New Hampshire.

On June 3, 2010 the 11th Annual LNA Day Celebration was held. Licensed Nursing Assistants from across the state gathered on the State House Lawn to be recognized and honored by Governor Lynch. The celebration was established by a number of Health Care Associations in response to the idea of honoring LNA caregivers across the state. Licensed Nursing Assistants working in all settings, including acute and long term care, hospitals, nursing homes, residential care homes, adult day care centers and home care were presented pins and certificates of appreciation by NH LNA/MNA Program Specialist IV, Lori Tetreault.

We extend our sincere congratulations to each of the Licensed Nursing Assistants who were recognized as leaders. Happy Nursing Assistant Day 2010 to all of the Licensed Nursing Assistants who care for and support the citizens of New Hampshire.



LNAs of the Year

Representing
NHHCA (NH Health Care Assoc.)
Bonnie Benoit, Genesis Lebanon Center

NH-ARCH (NH Assoc. of Residential Care Home)
Renee Drummey, Poplin Way Assisted Living

NHHA (NH Hospital Association)
Marie Vatcher, Wentworth Douglass Hospital

HCANH (Home Care Assoc. of NH)
Janet Hackett, Rochester District VNA

NHAC (NH Assoc. of Counties-Nursing Homes)
Dulcia VinnacombE, Grafton Cty Nursing Home

LNA Corner

by Lori Tetreault, RN-BSN Program Specialist IV

The Board continues to offer Days of Discussion for Licensed Nursing Assistants. Our most recent LNA Day of Discussion was held on April 16, 2010. The discussion was focused on continuing competence including guidelines for renewal and abuse/neglect with a focus on the responsibility of the LNA. The program also included a presentation for MNA's which discussed conditions of the cardiovascular system and treatment. The day was well attended. I would like to thank the presenters who volunteered their time, Pam Heggelund from Med Pro Educational Services, Martha Berk from LNA Health Careers and Rachel Lakin from the Bureau of Elderly and Adult Services.

A summer Day of Discussion is planned for July 27th. The program will focus on topics related to issues presented in the long term care environment. The registration brochure is posted on the BON website home page.

Discussions at our programs continue to focus on LNA scope of practice. Keep in mind LNAs are responsible for knowing their scope of practice and policies of the workplace. Tasks performed must be in compliance with the Nurse Practice Act.

June 3, 2010 Licensed Nursing Assistants from across the state gathered on the State House lawn to be recognized and honored by the Governor for their dedication and contribution to New Hampshire citizens. I had the honor of presenting certificates of appreciation to the Licensed Nursing Assistants working in all settings, including acute and long term

care, hospitals, nursing homes, residential care homes, adult day care centers and home care. I would like to congratulate each of the Licensed Nursing Assistants who were recognized as leaders in their field.

170 nursing assistant students across NH have graduated from Board approved High School Health Occupation Programs. Many are attending college in the Fall pursuing a career in Nursing. Congratulations and best wishes to all of them.

The on-line LNA continuing education programs continue to expand. Four new programs were presented this Spring. Please make sure to follow the directions when submitting programs to the Board. If your employer requires you to submit contact hours for documentation you do NOT need to submit the program to the Board of Nursing. A program certificate of completion will not be provided by the Board of Nursing.

In recognition of "Nursing Assistants Day" 2010, I would like to THANK all of the LNA's in New Hampshire for your hard work and commitment to those you care for each day. As the LNA Program Specialist, I am honored to represent and assist in leading all of you.

Enjoy the Summer!

Lori

**NH Board of Nursing
LNA Day of Discussion**

**July 27, 2010
8:30 am - 11:00 am**

**Pleasant View Retirement Home
227 Pleasant Street
Concord, NH 03301**

Conference Schedule

8:00-8:30 Registration/ Welcome
Light Refreshments

9:00-9:30 Professional Boundaries:

- Know Your Boundaries
- Identify Boundary Violations
- Identify Behaviors Early
- Setting Limits

**9:30-11:00 Managing Chronic
Manipulating Behaviors**

Speakers

Patricia Orzano MA, APRN
Assistant Director, Nursing Education
NH Board of Nursing
Presenting: Professional Boundaries

Creedon Carothers, Jr. BSN, M.E.d., RN,
BC
Director of Nursing Services,
Bel-Air Nursing Home
Nursing Professor,
Lakes Region Community College
**Presenting: Managing Chronic
Manipulating Behaviors**

Contact Hours

2.5 hours

Directions

Take I-93 to I-89, Get off at Exit 2 (Clinton Street)

Take right at end of ramp, Travel about 1 mile
Take left at traffic light onto South Fruit Street
Follow to set of lights, Take left (at lights) onto Pleasant Street. Travel about 1/2 mile and take a left to enter the driveway. Pleasant View Retirement is the building on the left.

**Please Note: Registration Deadline:
July 20, 2010**

Registration (Please print clearly)

Name:

Employer/Facility Name:

Contact phone and /or email (required):

Title:

**Registration is limited to 125 with preference to
LNA's & MNA's.**

The program is free.

Please Note:

You will not receive a confirmation notice. Faxed (271-6605) registration forms are accepted. Before registering, please check the Board website at www.state.nh.us/nursing to determine if registrations are still being accepted or if the conference has been filled to capacity.



At the April 2010 Day of Discussion Registration Table
Kim Cicchetto & Joann Seaward (Board staff)

LNA Day of Discussion
April 16, 2010



Reminder: MNA License Renewal

A MNA certification expires at the time that the LNA license expires. A MNA certification that becomes inactive due to a non-renewed LNA license will become null and void after 60 days. Once the MNA certification becomes null and void, a MNA course will be required for certification.

MNA Renewal Requirements:

A minimum of 50 hours using medication assistant knowledge, judgment and skills within 2 years of date of application and; 4 of the 12 contact hours required for LNA licensure must be related to medication administration **or** successfully completion of a MNA program within 2 years immediately prior to renewal..

What is the difference between a MNA and a LNA-MC?

A MNA is a licensed nursing assistant with a NH Board approved certificate able to *administer* medications under the supervision of a licensed nurse to “stable” clients living in facilities and in the community.

A LNA-MC is a licensed nursing assistant with an NH Board approved certificate to *provide assistance, observation and documentation* under the supervision of a licensed nurse to “stable” clients with no complicated medication problems living in assisted living facilities and the community.

LNA/MNA Continuing Education Programs offered by the Board.

Visit the website www.nh.gov/nursing

LNA Scope of Practice
Professional Boundaries
Residents Rights
Topical Drugs
Medication Administration Safety
Oral Health Care for the Elderly
Alzheimer’s Dementia in the Elderly
Oxygen Therapy

All programs offer 1 contact hour

LNA Medication Certified

The Board of Nursing continues to receive calls from licensees and Health Care Facilities regarding the role of the LNA-MC working in Residential Assisted Living Facilities and Home Care settings.

What is the role of the LNA Medication Certified (LNA-MC)?

LNA-Medication Certified are individuals who have been educated to provide assistance, observation, and documentation to a client who can self-administer medications with supervision meaning the resident can take his or her own medication(s) after being prompted by personnel, but without requiring physical assistance from others. Residents must be fully able to recognize and accept medications as prescribed. The purpose of this role is to provide the task as requested by the client. The LNA-Medication Certified works under the supervision of a Licensed Nurse under RSA 326-B and delegation rules Nur Chapter 400.

Note: The role is designed only for LNAs working in the Residential and Home Care setting where facility/agency policies and procedures support this role.

What is the LNA-MC permitted to do?

- Remind the resident to take the correct dose of his or her medication at the correct time;
- Place the medication container within reach of the resident;
- Remain with the resident to observe the resident taking the appropriate amount and type of medication as ordered by the licensed practitioner;
- Record on the resident's daily medication record that they have supervised the resident taking his or her medication;
- Assist residents in medication preparation by opening containers using a "Hand over Hand" technique assisting the client. The client must have cognitive ability to determine their medication needs.

Note: A LNA-MC must follow the facilities policies and procedures.

Why was this role developed?

The role was developed to provide clients with help when physical impairment(s) limit the client to fully administer their medications independently.

Who can be a LNA-MC?

LNAs that have an interest and have successfully completed a four (4) hour Board approved LNA-MC course given at their place of employment. Certification must be on file at the NH Board of Nursing.

How can a Facility/Agency become LNA medication Certified?

Facilities/ Agencies requesting approval for a LNA Medication Certified education program must submit a curriculum to the Board of Nursing for review and approval. The LNA-MC curriculum submitted to the Board must include:

- Medication assisting techniques;
- Infection Control;
- Observational and documentation techniques;
- Resident Rights;
- Communication and interpersonal skills;
- Response to resident behavior;
- Recognizing and reporting resident changes; and
- Safety and Emergency procedures.

A faculty approval application must be submitted with the curriculum for approval for each instructor.

Once approved, a list of licensees who have successfully completed the approved course, with their nursing assistant license number must be submitted to the Board of Nursing. Lists can be submitted by email, fax or mail.

A LNA-MC certified record will be noted in the NH-BON data base. Certifications can be verified and printed from the Board website at www.nh.gov/nursing under the On-line Verification Link.

Can a LNA-MC certification be taken to another facility?

Please note that this is a facility-based program and certification approval for Medication Certified LNA's is effect only during their employment at that facility.

A LNA-MC orientation must be completed at each facility worked at. Orientation must include: policy/procedures specific to that facility, approaches to care within that facility, facility observational and documentation procedures and safety and emergency procedures specific to the facility.

Competency must also be evaluated as part of the orientation process on all licensees who previously hold an LNA-MC certification.

A list of all licensees who complete the LNA-MC orientation must be submitted to the Board for certification record update.

Who teaches the LNA Medication Certified course?

Professionals requesting approval as an LNA-MC instructor must submit a Faculty Approval form to the Board of Nursing. Professionals considered as LNA-MC instructors include:

- Advanced Registered Nurse Practitioners
- Registered Nurses
- Licensed Practical Nurses
- Pharmacists

How will I know which residents will need Medication assistance?

Selection of residents shall be based on the client's plan of care and the licensed nurse's professional judgment and experience. A facility must ensure that a LNA-MC is assigned only to clients who have no complicated medication problems and whose medical conditions are considered stable.

Who do I contact if I have a problem during medication assistance?

A LNA-MC works under the supervision of a licensed nurse. The licensed nurse, using his/her professional judgment should select those clients who can safely determine the medications they consume. In the event of an emergency, the LNA-MC must call a licensed nurse for help utilizing the client call system established by that facility or agency.

What if a resident's family or friend routinely assists with medication administration? Do they have to complete the training course?

Volunteers and family members are not required to complete a Medication Certified course. It is up to the facility or agency to determine whether or not to require volunteers and family members to complete the training.



April 2010 LNA Day of Discussion

Clinical Practice Advisories: January 2010- May 2010	
Board Advisory Date:	
January 21, 2010 Clarification of December 15, board opinion with regard to cerumen removal from ears using instrumentation	<p>Question: On December 15, 2009 the board reviewed the following question: Is it within the scope of practice for an RN to extract cerumen from ears using instruments such as, ear speculums, ear loops, small alligator forceps, and possibly suction? The board opined that: it is not within the RN scope to remove ear wax via instrumentation.</p> <p>The request is for clarification of this opinion with specific focus on the “possibly suction” statement noted in the original question.</p> <p>The Board reaffirmed its opinion that it is not within the RN scope to remove ear wax via instrumentation such as ear loops or small alligator forceps. Irrigation and suctioning to remove ear wax is within RN and LPN scope of practice.</p>
January 21, 2010 Instillation of BCG into the renal pelvis	<p>Question: Can nurses RN’s give BCG through a nephrostomy tube in the renal pelvis for renal cell ca in upper urinary system with a non FDA approve indication but data and case studies support it. BCG is usually given in bladder by LPN’s. This patient has no bladder.</p> <p>Answer: The Board opined that it is within RN scope of practice to instill BCG into the renal pelvis provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>
February 18, 2010	<p>Question: What is the Board of Nursing expectation with regard to the dates of texts being used for educational purposes?</p> <p>Answer: The Board reaffirmed that textbooks for board-approved nursing and nursing assistant classes must have been published within 5 years and contain current information.</p>
March 18, 2010 Removal of foley catheters by LNA’s	<p>Question: Can LNA’s remove foley catheters?</p> <p>Answer. The Board opined it is with the LNA scope of practice to remove foley catheters provided they have the necessary education and competencies and there is a facility policy that supports this practice.</p>
March 18, 2010 Replacement of a suprapubic catheter by an RN	<p>Question: can a nurse replace a suprapubic catheter?</p> <p>Answer: The Board opined that it is within RN scope of practice to replace a suprapubic catheter provide the following conditions are met: Replacement can only occur into a healed well established open pathway. Replacement catheter can only be a balloon-type indwelling catheter. Size of replacement catheter and balloon in specified in the physician’s order.</p>
March 18, 2010 Priming of IV’s by LNA’s	<p>Question: Can LNA’s prime IV tubing that isn’t connected to patients, both “plain IV” solution and IV solution with K?</p> <p>Answer: The Board reaffirmed its December 17, 2009 decision that this is not with the LNA scope of practice.</p>
March 18, 2010 Clarification/position around off label use of drugs	<p>Question: What is the Board of Nursing position on the RN role of administering off label drugs?</p> <p>Answer: The Board remains silent on this issue.</p>

<p>March 18, 2010 Instillation of medication into the renal pelvis by an LPN?</p> <p>March 18, 2010 In office percutaneous implantation of wire electrode for sacral nerve stimulation testing</p> <p>March 18, 2010 APRN dermatology age related scope of practice</p>	<p>Question: Is it within the scope of practice of an LPN to instill medications into the renal pelvis via a nephrostomy tube?</p> <p>Answer: The Board opined that this is not within the scope of practice of an LPN.</p> <p>Question: In a urology practice, is it within the scope of practice of APRN to perform in-office percutaneous implantation of wire electrode for sacral nerve stimulation testing?</p> <p>Answer: The Board opined that this is within the APRN scope of practice.</p> <p>Question: I am an Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within Adult APRN scope of practice..</p>
<p>March 18, 2010 APRN prescription of clomid</p>	<p>Question: Does a physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: The formulary with the Joint Health Council was repealed in 2009. There is no need for physician signature on APRN clomid prescription.</p>
<p>April 15, 2010 Performance of thermography by RN's</p> <p>April 15, 2010 APRN as principal investigator of IND/Phase II clinical trial</p> <p>April 15, 2010 Co-signature for clomid</p>	<p>Question: Is it within the scope of practice to perform thermography?</p> <p>Answer: The board opined that it is not specifically within the scope of RN practice to perform thermography.</p> <p>Question: Can APRN be principal investigator of IND/Phase II clinical trial without supervision/involvement of physician, medical practice, or hospital?</p> <p>Answer: This is within APRN scope of practice.</p> <p>Question: Does physician have to co-sign APRN prescription for clomid? Is this a formulary restriction?</p> <p>Answer: APRNs do not need physician co-signature for clomid prescription.</p>
<p>May 20, 2010 APRN Scope of Practice</p>	<p>Question: I am a Adult certified APRN with further training, experience and certification in dermatology which included all age groups. Can I care for patients of all ages in dermatology?</p> <p>Answer: The board reaffirmed its March 18, 2010 answer which states, APRN scope of practice is determined by basic educational preparation, national certification and demonstrated competence, all three of which must be congruent. Therefore, this is not within the Adult APRN scope of practice.</p>

NH BOARD OF NURSING
EDUCATIONAL PROGRAMS: BOARD ACTIONS

<i>Program</i>	<i>Program Coordinator/Chair</i>	<i>Board Action</i>
<i>March 18, 2010</i>		
NH Health Care Association LNA and MNA Programs	Pending	Request to be placed On Hold-Granted
Crotched Mountain Rehabilitation Center LNA Program	MaryLou Moreen	Request to Discontinue-Granted
<i>April 15, 2010</i>		
River Valley Community College LPN Program	Susan Buchholz	Full Approval until 2015
<i>May 20, 2010</i>		
Lakes Region Community College LNA Program	Harriet Redmond	Continued Approval
Nashua South High School Health Occupations LNA Program	Christine Lefave-Remington	Continued Approval
<i>June 17, 2010</i>		
Berlin High School Health Science LNA Program	Barbara Peabody	Continued Approval

DISCIPLINARY ACTIONS

March 2010 thru May 2010

At its November 15, 2007 meeting, Board members voted to publish names of individuals involved in disciplinary actions. At its March 20, 2003 meeting, Board members voted reprimands will no longer be posted in the Newsletter. Any questions please call Susan Goodness at the Board office, (603) 271-2323.

Date of Action	License Number	Name	Board Action	Action causing Disciplinary Action
3/18/2010	058278-21	Peck, Amanda	Reinstated w/probation 2 yrs w/restrictions/conditions	
3/18/2010	008595-22	Prentice Nancy	Revoked	Violating an order of the Board issued July 2, 2008 when she failed to notify the Board timely that she obtained work as a licensed practical nurse at Merrimack County Nursing Home, when she worked more than 8 hours per day, 40 hours per week, worked after 11:30 PM, rotated shifts, and rotated units without prior approval from the Board's Executive Director, failed to provide a copy of her Settlement Agreement to her nursing supervisor at Merrimack County Nursing Home, and failed to provide a nursing supervisor report to the Board.
3/18/2010	023324-24	Davis, Robert	Revoked w/\$3,500 civil penalty	Engaging in professional misconduct by remaining in a patient's room after the patient asked him to leave, by kissing patients in his care, and inappropriately touching a patient.
4/15/2010	014824-22	Dean, Melanie	Reciprocal Discipline	

4/15/2010	010975-22	Norton, Elizabeth	Reciprocal Discipline	
4/15/2010	014124-21	Bernier, Margaret	Probation 2 yrs. w/restrictions & conditions \$500 fine	Recorded that she had given a patient medication but failed to give the patient medication until later in the shift when another nurse noticed the error; Reported to a LPN that she had wasted Oxycodone with another staff member earlier in her shift; Signed her name to a narcotic book indicating that the medication had been wasted; Signed a co-worker's name to the narcotic book indicating that the co-worker, a LNA, witnessed her wasting the medication; Asked the LNA to sign over the existing signature in the narcotic book knowing that the LNA had not witnessed the medication being wasted; Admitted taking Neurotin for pain management while she was working and admitted she was aware of the side effects of the medication.
4/15/2010	040663-24	Miller, Lindsey	Voluntary Surrender	
5/20/2010	024695-24	Powers, Sarah	Reinstated w/probation and restrictions and conditions 1 yr	
5/20/2010	022091-24	Sterling, Lindsey	Voluntary Surrender	
5/20/2010	038081-24	Loerch, Lindsay	Reinstated	
5/20/2010	Maine compact license #R053171	Morgan, Penny	Preliminary Agreement for Practice Restrictions (Probation)	Reciprocal discipline w/Maine Board of Nursing
5/20/2010	058708-21	Mullins, Jennifer	Probation 2/yr beginning 7/8/09	Reciprocal discipline w/Massachusetts Board of Nursing
5/20/2010	013914-22	Ballou, Candy	Suspended indefinitely beginning May 11, 2009	Reciprocal discipline w/Vermont Board of Nursing
5/20/2010	003030-22	Reardon, Sandra	Probation 1 yr w/conditions & stipulations \$500 fine	Signed off medication for two days as having been given to a resident but there were no doses missing where the order was for one, indicating resident received a double dose; resident was to have been given three tablets of medication but only two tablets were missing from the count; On several days some residents did not receive scheduled daily AM medication; however, the medications were signed off as given; instructed an LMNA to give pain medication to a resident without assessing the resident; failed to give residents insulin on timely basis and failed to accurately record the time the insulin was given on the resident's chart; failed to assess a resident's blood sugar level before instructing an LNA to give the resident a Mighty Shake.
5/20/2010	050135-21	Duffy, Timothy	Probation removed	

Road to Recovery

The New Hampshire Road to Recovery is designed to assist licensees who are experiencing challenges with drug/ alcohol impairment, physical disabilities, or mental disabilities who continue to safely practice. These individual licensees require monitoring and support for the issues they face. The board supports those individuals in recovery, who maintain a safe practice, provided they are able to successfully conform to the reporting requirements listed in their agreement with the board.

Candidates for the program provide written evidence of their appropriateness for admission to the program. Participant supporting documents are reviewed by the board confidentially. The board determines whether the licensee is a candidate for the Road to Recovery based on facts from the individual, health care provider, and employer. The candidate then agrees to conform to the board requirements.

The board website contains the specific forms participants must complete on a regular basis at www.state.nh.us/nursing under the “Enforcement” as well as the “Forms, Applications, Publications” sections. These forms and guidelines allow the licensee to continue with employment while meeting the stipulations related to safe practice. Professional support groups are also available on the website under the “Quick Link” section of our home page.

Currently, the board has 14 participants who are gainfully employed and succeeding in their professional goals and behaviors. We encourage licensees who are experiencing difficulties related to drug/alcohol impairment or physical/mental disabilities to contact Margaret Walker, at the board, if they require the support to adhere to professional practice standards at 271-2323 or 271-6282.

On-Line Disclaimer

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